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JUL 18 2007

PTO/68/22 (04-07)

Approved for use through 09/30/2007. OMB 0651-0031

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008 <i>(Fees pursuant to the Consolidated Appropriations Act, 2003 (H.R. 4818).)</i>		Docket Number (Optional) FA1189USPCT	
Application Number 10/562200		Filed May 06, 2004	
METHOD OF CHARACTERIZATION OF PIGMENTED SURFACE COATING AND DEVICE USED THEREIN			
For			
Art Unit	2877	Examiner	Gordon J. Slock Jr.

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ 1,020.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ _____

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number **04-1928**. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/98).

☐ attorney or agent of record. Registration Number _____

☒ attorney or agent under 37 CFR 1.34.
Registration number if acting under 37 CFR 1.34 **34,857**

Signature

JOHN H. LAMMING
Typed or printed name

Date

JULY 18, 2007

Telephone Number

(302) 992-5877

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of **1** forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1430, Alexandria, VA 22313-1430. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1430, Alexandria, VA 22313-1430.

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JUL 18 2007

PTO/SB/17 (05-07)

Approved for use through 05/31/2007. OMB 0851-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2007☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) **1,020.00****Complete if Known**

Application Number	10/562200
Filing Date	May 06, 2004
First Named Inventor	Allan Blase Joseph Rodrigues, et al.
Examiner Name	Gordon J. Stock Jr.
Art Unit	2877
Attorney Docket No.	FA1159USPCT

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: **04-1928** Deposit Account Name: **E. I. du Pont de Nemours and Company**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	<input type="checkbox"/> 300	<input type="checkbox"/> 150	<input type="checkbox"/> 500	<input type="checkbox"/> 250	<input type="checkbox"/> 200	<input type="checkbox"/> 100	0.00
Design	<input type="checkbox"/> 200	<input type="checkbox"/> 100	<input type="checkbox"/> 100	<input type="checkbox"/> 50	<input type="checkbox"/> 130	<input type="checkbox"/> 65	0.00
Plant	<input type="checkbox"/> 200	<input type="checkbox"/> 100	<input type="checkbox"/> 300	<input type="checkbox"/> 150	<input type="checkbox"/> 160	<input type="checkbox"/> 80	0.00
Reissue	<input type="checkbox"/> 300	<input type="checkbox"/> 150	<input type="checkbox"/> 500	<input type="checkbox"/> 250	<input type="checkbox"/> 600	<input type="checkbox"/> 300	0.00
Provisional	<input type="checkbox"/> 200	<input type="checkbox"/> 100	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	0.00

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues) **50**

Each independent claim over 3 (including Reissues) **200**

Multiple dependent claims **360**

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**- 20 or HP = **60.00** x **60.00** =

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**- 3 or HP = **200.00** x **200.00** =

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
YES <input type="checkbox"/>	360.00	0.00

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	250.00	

4. OTHER FEE(S)☐ Non-English Specification, \$130 fee (no small entity discount)☐ Other (e.g., late filing surcharge): **3-Month Extension****Fees Paid (\$)****1,020.00****SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	34,857	Telephone	(302) 992-6877
Name (Print/Type)	JOHN H. LAMMUNG			Date	JULY 18, 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.